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ABSTRACT

As one of the publications of the Florida Sources to Upgrade the Career Counseling and Employment of Special Students (SUCCESS) Project, this guide is designed to provide school counselors, occupational specialists, and other guidance personnel with basic information and listings of resources concerning the career guidance needs of handicapped students. This handbook addresses the special needs of students with learning disabilities. The first five of the guide's six chapters cover the following topics: the counselor and learning disabled students, diagnosing learning disabilities (including a list of appropriate tests), counseling learning disabled students, working with parents, and career planning and placement. The sixth chapter lists resources available for working with learning disabled students. A bibliography completes the handbook. (KC)

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SUCCESS FOR LEARNING DISABLED STUDENTS

Sources to Upgrade Career Counseling
and Employment of Special Students

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June, 1982

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SUCCESS FOR LEARNING DISABLED STUDENTS

Sources to Upgrade Career Counseling
and Employment of Special Students

Project Director: Judy H. Lombana, University of North Florida

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INTRODUCTION

In recent years, state and federal legislation has mandated equal educational opportunities for handicapped students. As a result, thousands of students with various disabilities are being provided opportunities to stretch their horizons through academic competition, social interaction, and personal growth within the mainstream of public education.

Although opportunities in education and employment have undoubtedly increased in the past several years, handicapped people remain severely underemployed and undereducated in comparison with the general population. Handicapped students are not being provided the career education they need at the elementary and secondary levels. Consequently, the vast majority of these students complete school without the needed skills—vocational, personal, and social—to participate productively in society.

The responsibility for many aspects of students' career education has fallen to school counselors. Unfortunately, most counselors have had little or no training or experience in working with handicapped students. Although they are willing, many counselors feel unsure of where to begin.

The SUCCESS Project—Sources to Upgrade the Career Counseling and Employment of Special Students—is designed to provide school counselors, occupational specialists, and other guidance personnel with basic information and listings of resources concerning the career guidance needs of handicapped students. This handbook addresses the special needs of students with learning disabilities.

CHAPTER 1
THE COUNSELOR AND LEARNING DISABLED STUDENTS

Students with learning disabilities are often misunderstood and their problems misdiagnosed, in part because the characteristics involved are so diverse. Also, the various causes of the problem are frequently unknown. Not the least of the reasons is confusion over terms. Although no single definition of the term *learning disability* is universally accepted, most professionals use it to refer to a disorder of one or more of the basic processes involved in understanding or using language. These may include disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. Other terms frequently used to describe such disorders include perceptual handicap, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Learning disabilities do not include problems that are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance, or environmental disadvantage.

The incidence of learning disability is higher than that of all other areas of exceptionality, with the number of students affected ranging from 5 to 20 percent. It has been estimated that boys are five or six times more likely than girls to have a learning disability, although in recent years an increasing number of girls with such problems have been identified.

The following characteristics are among those most frequently observed in students with learning disabilities:

- *Hyperactivity*—the student who is in almost constant motion; who cannot sit still and is invariably tapping a pencil or swinging a foot; or who sleeps fitfully and seldom napped as a young child
- *Short Attention Span; Easily Distracted*—the student who cannot concentrate on a single task or activity or whose attention is distracted by extraneous noises or visual stimuli
- *Auditory or Visual Perception Problems*—the student who is unable to distinguish between certain sounds or letters
- *Gross or Fine Motor Problems*—the student who has great difficulty writing, cutting, and performing similar tasks or who is clumsy, awkward, and has difficulty learning to throw and catch
- *Disorders of Thinking, Speaking, Memory, and Conceptualization*—the student whose thinking is disorganized; who has difficulty recalling directions or remembering items in sequence; or who is unable to cope with abstract thoughts
- *Emotional and Social Problems*—the student who has difficulty coping with new situations; who is uncooperative and aggressive with peers; who uses poor judgment and has little impulse control; or who is moody and subject to temper tantrums
- *General Orientation Defects*—the student who has difficulties with concepts such as yesterday and tomorrow or with learning to tell time

- *Specific or Erratic Learning Problems*—the student who has significant academic difficulty in spite of average or above-average intelligence or whose academic performance varies greatly from day to day

It is important to remember that a student who is learning disabled will not necessarily demonstrate all of these characteristics; nor does the presence of a particular problem indicate that a child is definitely learning disabled. Rather, clusters of symptoms appearing over a period of time generally indicate that systematic evaluation to determine the presence of a learning disability is warranted.

The cumulative effects of the various learning, motor, and social difficulties can have devastating results on the student's self-perception. Because of the frequent delay in accurately diagnosing the problem, the student may have experienced years of frustration and failure. Parents and teachers may have considered the child lazy, clumsy, or a trouble-maker; typically the student has received an overwhelming amount of negative feedback both at school and at home. The student may begin to suspect that s(he) is mentally retarded and learn to expect failure in everything attempted. One recent study (Chapman and Boersma, 1979) found that by the third grade, learning disabled students have negative perceptions of their ability, have little expectation of future success, and are unable to attribute their accomplishments and achievements to their own abilities. A cycle of inadequacy is thus begun, and the student begins to develop a "failure identity" (Glasser, 1969) that affects every aspect of life. The cumulative effects of learning disability are highly visible by adolescence. Most students who drop out of high school are learning disabled, and many studies have shown that most juvenile delinquents possess the general symptoms associated with learning disability.

The primary way in which the school counselor can help students with learning disabilities is by improving their self-esteem and social adjustment. This is not an easy task, particularly with older students, since years of failure and frustration often result in deeply embedded feelings of inadequacy. Yet if the students are to succeed in school and in the world of work, they must develop confidence in their own abilities as well as skills that enable them to interact positively with others.

In order to reverse the cumulative effects of failure and negativism, the counselor must take a multifaceted approach. Although individual counseling is an important and often necessary aspect of the process of building self-esteem and social awareness, other important persons in the student's life will also need to participate. Parents, in particular, need to understand the difficulties their child faces and to learn ways to facilitate communication and learning at home. The regular classroom teacher should be made aware of the relationship between self-concept and academic achievement, as well as of specific ways in which s(he) can help the student achieve academic success. Other students in the school should be helped to view learning disabled students in a more positive light, recognizing that "differences" are

not a cause for rejection and that a specific handicap does not characterize the whole person.

In addition to working with various people to directly improve the student's self-concept and social skills, the counselor must assume additional roles in order to provide a comprehensive guidance program. Identifying the student's specific learning disabilities is an important first step in providing appropriate education. Although the counselor may not be the person who administers various assessment instruments, s(he) needs to be able to interpret results to the student, parents, and teachers. The counselor also needs to take an active role in career planning, helping students develop employability skills, select academic programs in which they can achieve success, and set career goals in keeping with their skills, assets, and interests.

CHAPTER 2
DIAGNOSING LEARNING DISABILITIES

Although the school psychologist is responsible for the formal evaluation of the learning disabled student, the counselor must be prepared to work cooperatively with the psychologist during screening and diagnostic procedures. Some knowledge of informal and formal assessment techniques is necessary for the counselor to be able to play an active role in the identification and placement of the student.

Often, when a teacher or parent suspects that a student may have a learning disability, the counselor is the first person called on. The time lag for administering formal screening instruments can be frustrating for the parent or teacher. The counselor can help by conducting an informal evaluation of the student or by providing the parent or teacher with resource materials for conducting such an assessment. Informal evaluation should include observation of the student's behavior in the following areas:

- *Visual-Motor Skills*—the ability to copy designs, manipulate small objects, walk a straight line
- *Specific Reading Problems*—the ability to read aloud, identify vowel and consonant sounds, distinguish syllables
- *Written Language Skills*—the ability to control spacing, formation, and alignment of letters; to write from left to right
- *Oral Language Skills*—the ability to define appropriate age-level words, follow oral directions, classify words into categories
- *Arithmetic Skills*—the ability to compute appropriately for age level, understand monetary values

The purpose of informal evaluation is not to label the student but to begin the preparation of an appropriate instructional program. Specific suggestions for informal assessment procedures are provided by Vance (1977). These procedures must be accompanied by more formal, standardized measures for diagnosing a particular learning disability. Ideally, formal assessment consists of measures of intelligence, visual-motor perception, academic achievement, and language diagnosis.

Intelligence Tests

Intelligence tests are primarily administered to learning disabled students in order to rule out mental retardation. Some well-constructed intelligence tests can also provide information about a child's strengths and weaknesses, which can help determine needed instructional emphasis. The following are among the most frequently used measures of intelligence:

- *McCarthy Scales of Children's Abilities (MSCA)* (Psychological Corporation; 304 East 45th Street; New York, NY 10017)
  The MSCA is a recently devised individual test that measures cognitive and motor abilities of children aged two and one-half through eight and one-half. It consists of eighteen short tests that are combined to yield five scaled scores—Verbal, Per-

ceptual Performance, Quantitative, Motor, and Memory—as well as an overall General Cognitive Index. The MSCA is an increasingly popular test in spite of the fact that some studies have found that learning disabled children consistently score much lower on the MSCA than on more traditional instruments such as the WISC-R.

- *Peabody Picture Vocabulary Test (PPVT)* (American Guidance Service; Publisher's Building; Circle Pines, MN 55014)
  The PPVT is an individually administered, wide-range picture vocabulary test using a series of 150 plates. No reading is required. It can be administered in ten to fifteen minutes to people any age over two and is frequently employed as a screening device.
- *Slosson Intelligence Test (SIT)* (Slosson Educational Publications; 140 Pine Street; East Aurora, NY 14052)
  The SIT is a brief test of intelligence designed to be administered individually by untrained examiners. It is primarily used for screening purposes and can be administered in approximately twenty minutes. It is appropriate for very young children through adults.
- *Wechsler Intelligence Test for Children—Revised (WISC-R)* (Psychological Corporation; 304 East 45th Street; New York, NY 10017)
  The WISC-R is the intelligence measure most frequently used with learning disabled students. It covers ages six to sixteen and consists of two scales, verbal and performance. Within each scale are several subtests, which can be scored individually and compared via scaled scores. The test yields verbal, performance, and full-scale IQs. The WISC-R requires a trained examiner and takes approximately one hour to administer.

Tests of Visual, Visual-Motor, or Auditory Perception

Because learning disabled students generally have difficulty in at least one of the three major avenues of perception, it is important that perceptual assessment be included in the comprehensive evaluation. The following are some of the most frequently used tests of perceptual abilities:

- *The Auditory Discrimination Test (ADT)* (Western Psychological Services; 12035 Wilshire Boulevard; Los Angeles, CA 90025)
  The ADT is most appropriate for preschool through third grade. The child listens to forty pairs of words (e.g., *tub*, *tug*, *rat*, *rat*) and determines if they are different or the same. The test takes only five to ten minutes to administer. It is important to determine before testing that the child understands the concepts of same and different.
- *Bender Visual Motor Gestalt Test* (Western Psychological Services; 12035 Wilshire Boulevard; Los Angeles, CA 90025)
  The Bender Gestalt is one of the oldest tests of visual perception. It is comprised of nine geometric figures, which the

child copies or draws from memory. Administration is easy, but interpretation is complex. The Bender requires about ten minutes to administer; it is designed for children from seven through eleven.

- *Developmental Test of Visual-Motor Integration (VMI)* (Follett Educational Corporation; P.O. Box 5705; Chicago, IL 60680)
  Designed for grades two through eight, the VMI consists of a series of twenty-four geometric forms. The student is required to copy the designs without erasures or changes. The VMI is an excellent screening device because it can be used with groups and takes only ten minutes to administer. The accompanying manual provides suggestions for remediation in several areas.
- *Illinois Test of Psycolinguistic Abilities (ITPA)* (University of Illinois Press; Urbana, IL 61801)
  Designed for children from two through ten, the ITPA consists of twelve subtests, each of which is intended to measure a distinct psycholinguistic process. A series of factor analytic studies has indicated that the ITPA actually measures no more than three separate abilities (Sabatino and Miller, 1979). The test takes approximately one hour to administer and requires a trained examiner for accurate interpretation.
- *Marianne Frostig Developmental Test of Visual Perception* (Consulting Psychologists Press; 577 College Avenue; Palo Alto, CA 94306)
  The Frostig test is the most popular measure of visual-perceptual skills and has generated a great deal of research. It purports to measure five perceptual skills, although some research indicates that only two distinct factors are measured. It is interesting for young children and can be administered either individually or in a group. The test takes approximately one hour.

Because so many assessment tests are available, counselors can easily be overwhelmed by the process of selecting appropriate instruments. Before buying any test, it is wise to order a specimen set in order to examine the materials closely. The counselor can obtain additional information about such tests from colleagues, from publishers' displays at professional meetings, and from written materials.

For Further Information

Gearheart, B. R., and Willenberg, E. P. *Applications of Pupil Assessment Information.* Denver: Love, 1980

Mauser, A. J. *Assessing the Learning Disabled: Selected Instruments.* 2nd ed. San Rafael, Calif.: Academic Therapy Publications, 1977.

Sabatino, D. A., and Miller, T. L., eds. *Describing Learner Characteristics of Handicapped Children and Youth.* New York: Grune and Stratton, 1979.

Wallace, G., and Larsen, S. C. *Educational Assessment of Learning Problems: Testing for Teaching.* Boston: Allyn and Bacon, 1978.

CHAPTER 3
COUNSELING LEARNING DISABLED STUDENTS

Even the most insensitive parent or teacher can usually recognize and take into account a crippling physical handicap. Negative self-esteem, however, is often overlooked because we fail to take the time and effort it requires to be sensitive to how children see themselves and their abilities.

William W. Purkey
Self-concept and School Achievement
New York: Prentice-Hall, 1970

Learning disabled students are frequently in need of counseling, not because of their learning problems per se but as a result of the effects of years of failure, frustration, and discouragement. Teachers frequently give up attempting to reach the student who, while obviously bright, is somehow unable to follow simple instructions or to concentrate on a task for fifteen minutes. Research has repeatedly shown that, as a group, parents of learning disabled children are more rejecting of and disappointed in their children than other parents. A great number of learning disabled students feel that they are worthless and unimportant and that they can do nothing to change their situation. If they stop trying, their apathy reinforces feelings of failure and perpetuates a vicious cycle in which behavior problems are added to learning problems. Teachers and parents often report that learning disabled students exhibit inappropriate behavior, have poor impulse control, cannot cope with new situations, have difficulty accepting responsibility, are uncooperative, or are disruptive and aggressive.

The primary counseling needs of learning disabled students, then, involve self-concept improvement and the development of appropriate social skills. The counselor needs to establish situations in which the student can demonstrate independence, competence, and responsibility. Participation in sports may serve the purpose for students whose gross motor coordination is not impaired. Involvement in arts, crafts, or similar activities may uncover hidden talents. Serving as a guidance aide, operating audiovisual equipment, and tutoring younger children are all ways that the student can develop a more positive self-image.

Direct counseling, either individually or in groups, may be warranted to further develop self-esteem and social skills. As with all students, the most important element in the establishment of a successful counseling strategy is the quality of the counselor-student relationship. Some counselors have difficulty developing an empathic, mutually respecting relationship with handicapped students because of personal biases or prejudices. Nathanson (1979) describes seven syndromes that illustrate the feelings and thoughts of some counselors working with the disabled:

Syndrome 1. ***All That Matters Is Your Label.*** In this syndrome, there is little regard for the in-

dividuality of the student. It is characterized by expressions such as "*the* learning disabled."

Syndrome 2. *I Feel Sorry for You.* In this syndrome, feelings of pity often emerge through the counselor's tone of voice or facial expressions. Feelings *about* the student are often expressed in terms such as "What a shame" or "I could never handle that."

Syndrome 3. *Don't Worry; I'll Save You.* Closely related to Syndrome 2, this syndrome goes a step further. In an effort to "help," the counselor increases the student's dependence by lowering expectations or doing the student's work for him or her.

Syndrome 4. *I Know What's Best for You.* The counselor may attempt to protect the student from potential failure but, in doing so, stifles the student's right to autonomy and self-determination.

Syndrome 5. *If I'm Lucky, You'll Miss Today's Appointment.* This syndrome is characterized by the counselor's conscious or unconscious rejection of the student. The client who may be most in need of support is viewed with contempt.

Syndrome 6. *I'm Amazed by Your Courage.* The student's achievements are overvalued and regarded as amazing because they are in marked contrast with the counselor's expectations.

Syndrome 7. *Who's More Anxious, You or I?* In this syndrome, the student is the stimulus for anxiety. The counselor becomes tense or feels inadequate to help the student because of limited previous contact with disabled persons.

It is vital that counselors become aware of their feelings and monitor their behavior with handicapped students accordingly. They must deal with the fact that they, like all people, are subject to bias and realize that they may have to work hard to overcome the devastating effects of prejudice.

Because of their distrust of words, their need to remain active, or their lack of verbal skills, many learning disabled students do not respond positively to insight-oriented, heavily verbal counseling sessions. Instead, the counselor may need to experiment with more active and unorthodox approaches, such as role-playing, bibliotherapy, or activity groups.

Role-playing

The following are among the many benefits role-playing provides:

- It helps bring out conflicts and feelings the student may be unable to verbalize.
- It provides opportunities for introducing a variety of roles and experiences into the student's world within a short period of time.
- Assuming a role different from one's own can help the student develop an understanding and acceptance of others' viewpoints.

From a practical standpoint, role-playing is not as dependent on verbal skills as many forms of counseling. It is particularly useful in helping students learn and practice new social skills. Other advantages are its flexible structure and its appropriateness for a wide variety of situations. It can be used in individual counseling as a type of "behavioral rehearsal" to desensitize the student to anxiety-provoking situations. Most often, role-playing is used in a group setting, either with the whole group participating or with a few students performing and the others serving as the audience and as reactors. For a more complete discussion of role-playing, the counselor may want to refer to the works by Corsini (1966), Moreno (1964), and Shaw et al. (1980) listed in the Bibliography.

Bibliotherapy

Bibliotherapy can be an effective counseling technique with learning disabled students. It is particularly helpful in fostering self-esteem and reducing feelings of isolation. Through reading and discussing appropriate books, listening to "talking books," or being read to, students identify with the fictional characters. They experience a catharsis, or purging, of their own feelings of frustration, anger, or discouragement and are then able to examine their own problem more objectively.

The following are some of the advantages of bibliotherapy for learning disabled students:

- It can provide useful information for problem solving.
- It can help the student realize that the disability is only one aspect of his or her life.
- It can help the student understand his or her psychological and physical reactions to frustration and conflict.

Like role-playing, bibliotherapy is versatile. It can be used with individual students, with small groups, or with entire classes. Because bibliotherapy does not require long-term training, the counselor can teach paraprofessionals, student facilitators, or teachers how to use the techniques.

A primary consideration in bibliotherapy is the careful selection of books. Unfortunately, there are many books on the market that would serve to damage rather than build students' self-concepts. Excellent sources of books about handicapped students, with accompanying critical reviews and suggestions for conducting discussions, are listed at the end of this chapter.

Activity Group Counseling

Because learning disabled students may have language problems and difficulty in dealing with abstract concepts, active and structured counseling is often called for. Exercises such as those suggested in *Values Clarification* (Simon, Howe, and Kirschenbaum, 1972) are helpful in getting a group started. The brief exercises explained in *Stop a Moment* (Ballard, 1977) or *The New Games Book* (Fluegelman, 1976) are useful when students have been sitting beyond their tolerance. Other resources with exercises appropriate for students of all ages include *100 Ways to Enhance Self-concept in the Classroom* (Canfield and Wells, 1976) and *50 Strategies for Experiential Learning* (Thayer, 1976).

Counseling that uses activity as its medium does not have to rely on structured games. Its content is limited only by the imagination of the counselor and the interests of the group. Task-oriented projects can be developed around arts and crafts, creative writing, physical education, or science. Aspects of group counseling, including a focus on group interaction, feedback, and mutual acceptance, are combined with the principles of learning by doing. According to Hillman, Penczar, and Barr (1975), activity counseling consists of three stages:

Stage 1. *Warm-up Discussion.*	The counselor introduces a topic or human relations principle that is to be emphasized in the session; limits of behavior are clearly defined.
Stage 2. *The Activity.*	The group members work together to complete their project. Instead of talking about a topic such as decision making, the students actually experience making decisions and accepting the consequences.
Stage 3. *Follow-up Discussion.*	The group members discuss the activity they have just completed and the guidance principle involved. Emphasis is placed on the thoughts, feelings, and actions of the participants.

The following guidelines will be helpful for counselors who are planning to establish activity groups:

- The atmosphere of the group must be democratic rather than authoritarian or permissive.
- Group cohesiveness is most likely to develop when the tone of the group is based on an attitude of mutual help and encouragement.
- The group leader needs to be active in the group, serving as a facilitator and a model.
- With some training by the counselor, the groups can be led by parents, teachers, paraprofessionals, or students.

- Group size can vary according to the objectives and activities involved.
- A mix of boys and girls and of personality characteristics stimulates more productive interaction and personal growth.

Closely aligned with activity-group counseling are techniques that use play, art, or music as the communication medium. These techniques not only serve therapeutic, tension-releasing, and ego-building purposes, they also enable the student to practice specific skills. Play, for example, "can provide a natural setting for the possible remediation of specific deficits, such as those that involve language, visual and auditory perception, gross and fine motor deficits, short attention span, hyperactivity, and distractibility" (Irwin and Frank, 1977, p. 435). Music can be used to develop movement skills and spatial awareness, language and communication skills, auditory and visual discrimination, and social skills. Additionally, music can be used to make academics more interesting. Art helps students master a part of their environment and produce something tangible. It also fosters social interactions, improves self-concept, and helps in the development of communication skills.

Activity groups share several aspects: they are fun and therefore nonthreatening; they help build self-esteem and social skills; they encompass both cognitive and affective learnings; they emphasize action and deemphasize talking; they build on the concept of play as a recognized human need; and they provide opportunities for the expression of creativity, the purging of strong emotions, and the development of a sense of community with others. Counselors who want to pursue activity-oriented approaches can find additional information in the works by Blaker and Samo (1973); Chapman (1977); Irwin and Frank (1977); Spero and Weiner (1973); and Thursby (1977) listed in the Bibliography.

For Further Information

Baskin, B. H., and Harris, K. H. *Notes from a Different Drummer: A Guide to Juvenile Fiction Portraying the Handicapped.* New York: R. R. Bowker, 1977.

Dreyer, S. S. *The Bookfinder: A Guide to Children's Literature about the Needs and Problems of Youth Aged Two to Fifteen.* Circle Pines, Minn.: American Guidance Service, 1977.

Zaccaria, J. S.; Moses, H. A.; and Hallowell, J. S. *Bibliotherapy in Rehabilitation, Educational, and Mental Health Settings.* Champaign, Ill.: Stipes, 1978.

CHAPTER 4
WORKING WITH PARENTS

In many instances, working with the parents of a learning disabled child may be more appropriate and effective than counseling the student. In spite of numerous outside influences, the attitudes and behavior of the family remain the primary determinants of a student's self-perception and, therefore, his or her personal and social adjustment. The family members of a learning disabled student have generally experienced numerous frustrations associated with the child's problem. Parents often feel guilty about their child's handicap and may attempt to compensate through overprotection. Marital relationships may be strained because of disagreement over the appropriate form of discipline for a hyperactive youngster. Brothers and sisters are frequently affected by the disproportionate amount of time and energy their parents devote to their learning disabled sibling.

A recent study (Dembinski and Mauser, 1977) revealed the primary requests parents of learning disabled children have of educators. These findings can serve as practical guidelines for counselors.

- *Parents overwhelmingly disapprove of the use of professional jargon.* Counselors should always use nontechnical, straightforward language with parents in order to facilitate an atmosphere conducive to open communication.
- *Parents recognize the need for inclusion of both father and mother in conferences and training programs.* Counselors can facilitate joint parental responsibility and reduce the possibility of family discord and misinformation by setting up conferences and other parent involvement programs at times convenient for both parents.
- *Parents want reading materials and other sources of information concerning their child's problem.* The counselor can assist by compiling a comprehensive bibliography of lay-oriented material, obtaining brochures on organizations and services, and developing a library of related materials for parents.
- *Parents want copies of reports written about their child.* In addition to the material they are required by law to receive, parents can benefit from receiving periodic descriptions of their child's academic and social progress in school and summaries of conferences. In addition, parents want and need specific suggestions for coping with daily problems concerning their children. The counselor can provide this through effective parent education programs.

Parents frequently need information on developing communication and disciplinary skills, as well as information about activities they can use to help their child overcome a specific learning disability. Such information can often be transmitted through the many books and journal articles designed to reach parents. Other parents, however, can learn more effectively through more personal means.

Two ways in which counselors can help parents of learning disabled students gain the needed information and skills are through parent conferences and parent education programs.

Parent Conferences

Individual conferences with parents have the advantages of confidentiality, specificity, and flexibility. The counselor must plan carefully, however, if productive work is to be accomplished through the conference. Because many parents of handicapped students have had frustrating and unhappy experiences in their efforts to enroll or maintain their child in school, they may hold negative expectations about all aspects of home-school communication.

The counselor can facilitate the development of a working partnership by following several general principles. First, the initial parent contact should be made early in the school year, preferably when the child is *not* experiencing difficulty in school. Research has shown that early contact prevents or reduces school-related problems and maximizes home-school communication. Some specific suggestions for the parent conference follow.

- *Be prepared for the conference.* Assemble a folder of the student's work and make notes on areas to be discussed.
- *Treat parents with dignity.* Don't keep parents waiting; arrange for privacy.
- *Begin the conference with positive comments about the student.* Parents respond more positively to a counselor who demonstrates caring for their child, regardless of what problems exist.
- *Listen empathically, without judging.* Allowing parents to express their feelings and concerns freely helps them develop trust in the counselor.
- *Provide accurate and useful information.* If the counselor does not have requested information, s(he) should say so openly and follow up by seeking the information.
- *Reinforce parents' efforts to assist in their child's education.* Many parents are doubtful of their own abilities to teach their child; positive reinforcement builds self-confidence and increases efforts.

Students are rarely included in parent-counselor conferences; in many instances they are not even informed of the meetings. Student participation has several advantages, however. It encourages the student to assume greater responsibility for his or her own learning; it prevents distorted reports of what occurred; and it allows the student an opportunity to express his or her own perception of events.

Parent Education Programs

A recent study of 100 parents of handicapped children (Becker, Bender, and Kawabe, 1980) indicates the extent and scope of parents' need for training. Most parents expressed a need for information and suggestions for coping more effectively with their children, and most were unaware of any such services provided through the school system. More than half indicated that they would be interested in

participating in parent education programs if such programs were available.

So many commercially packaged parent education programs are available that most counselors should be able to implement them without prior training or experience in working with parent groups. Most of these materials focus on either behavior modification or parent-child communication. Little research evidence exists to suggest that either approach is more effective. The selection of a particular model usually depends on the identified needs of parents and the counselor's particular orientation.

Behaviorally oriented programs stress step-by-step instructions in dealing with particular situations. Most of the commercially packaged programs include outlines, guides, examples, and/or films, which are designed to facilitate the practice of specific skills.

Communication programs and techniques focus primarily on the interaction between parent and child rather than on particular behaviors. Some programs use an Adlerian approach, while others are built on a Rogerian model.

A number of the most widely used behavioral and communication programs are listed at the end of this chapter.

Materials for Counselor Inservice

Many counselors have expressed needs for resource materials that will enable them to prepare themselves for organizing parent groups and to select parent education books and materials wisely. Although it is beyond the scope of this handbook to provide training in group skills or to give detailed information about the various parent education programs, the books and articles listed at the end of this chapter will be helpful. Additional sources of information, including articles specifically concerned with groups for parents of learning disabled children, are included in the Bibliography.

Regardless of the model selected, the outcome of parent education often depends on the counselor's ability to plan. The topics for a training program should be generated through an assessment of parents' needs. During the implementation of the program, counselors can help ensure success by following these suggestions:

- The groups should be structured so that parents understand the purposes of each session in order to ensure that participants remain on task.
- Feedback should be used to help parents understand the impact of their behavior on their children.
- In order to maximize group involvement, the counselor can redirect questions by asking for responses from other participants.
- The counselor should avoid asking questions that call for yes or no responses; open-ended questions produce more thought-provoking discussions.
- Brainstorming is an effective device for allowing parents to offer each other suggestions regarding a particular problem.

- Obtaining commitments for action to be taken prior to the next session gives parents the opportunity to try out newly learned behaviors with a significant degree of supervision and group support.

Although parent education is not a solution to all parent problems, it does have several obvious advantages over individual contacts. It is beneficial for parents to realize that they are not the only ones with a particular problem. Feelings of guilt or anger can be alleviated when they are expressed in a group. Also, parents can share solutions. Knowing that other parents have resolved a particular problem often makes proposed solutions seem more feasible. Finally, more parents can be reached in a group than individually. Parent education offers an efficient use of time and frees the counselor for more opportunities to work with those who most need individual assistance.

For Further Information

Counselor Inservice

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Bernal, M. E., and North, J. A. "A Survey of Parent Training Manuals." *Journal of Applied Behavior Analysis* 11 (1978), 533-44.

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Parent Programs

Behavioral:

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Patterson, C. R., and Guillion, M. E. *Living with Children: New Methods for Parents and Teachers.* Champaign, Ill.: Research Press, 1975.

Communication:

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CHAPTER 5
CAREER PLANNING AND PLACEMENT

Career exploration and planning cannot be divorced from an individual's total personal, social, and educational development. The educational and career choices students make are often predictable on the basis of their previous experiences in school, at home, and in the context of their social environment.

It is an unfortunate fact that handicapped people are grossly underrepresented in the world of work, particularly at professional levels. This underemployment reflects a number of barriers more damaging than the presence of a disability itself. The attitudes of many employers prevent handicapped individuals from competing for jobs. Overprotection by parents and teachers keeps handicapped children from a number of learning experiences. Educators' naivete often results in handicapped students' being pigeonholed into certain occupations and training programs. And the self-perceptions of the students themselves build on the negative attitudes of others to form a solidly defeatist attitude toward education, work, and independence.

Career Awareness Needs

Many handicapped people are vocationally immature, lagging behind their peers in their knowledge of the world of work, development of appropriate social skills and work habits, and development of career and/or educational aspirations. A recent study (Bingham, 1978) found that the attitudes of preadolescent and adolescent learning disabled boys about career choice were less mature than those of their peers. Learning disabled students often have difficulty in planning, making rational judgments, and concentrating on a given task. Because these abilities are integral parts of employability skills, learning disabled students may need some career development training beyond that provided for other students. At the elementary and junior high school levels, learning disabled students will need assistance in four broad areas (Kokaska, 1978):

- *Social Interaction.* A major reason for job failure by handicapped workers can be traced to social attitudes and behaviors rather than a deficiency in work skills. Learning disabled students often have difficulty making friends because of their impulsive, aggressive behavior. They need practice in developing common social skills and being attentive to others' needs.
- *Work Skills.* Instruction in "how to work" is routinely provided in the classroom, at home, and in play, although the tasks may not be so labeled. These skills—following directions, selecting appropriate materials, organizing, and completing a work assignment—are particularly crucial for the learning disabled student, whose distractibility and short attention span may compete with the development of good work habits. A useful resource for elementary-level counselors and teachers is a collection of individual classroom projects and activities entitled *Workjobs* (Lorton, 1972).

- *Decision Making.* Although done with the best of intentions, the overprotectiveness of many parents and educators increasingly handicaps the learning disabled student by preventing him or her from exercising judgment, testing reality, and experiencing the consequences of actions. Decision making is a vital component in the career planning process, encompassing such diverse topics as choosing a life-style, selecting a major, deciding where to live, or finding a part-time job. Planned guidance activities can help students learn to make decisions and assume responsibility for the consequences. Situational games and role-playing are often used to create hypothetical situations. Additionally, numerous packaged career decision-making programs are available that focus on the varying needs and interests of students of all ages. Van Etten and Watson (1977) provide an excellent overview of programs and kits that are particularly useful for learning disabled students because the activities focus on developing perceptual skills as well as aiding in the decision-making process.
- *Self-evaluation.* Self-knowledge and acceptance are important determinants of an individual's success in academic or career pursuits. In order to select realistic goals and the most appropriate means of reaching those goals, students need to be able to assess their own strengths, limitations, interests, skills, and ambitions. There is evidence that learning disabled students are not skilled in assessing their own social status and that their perceptions of their abilities are more negative than their achievements suggest.

In order to help students develop more realistic self-perceptions, counselors can employ a variety of affective and ego-strengthening techniques. Self-concept games, role-playing, peer facilitation, and hands-on career awareness exercises are all useful means of developing positive self-concepts and accurate self-evaluation skills. Because research evidence suggests that actual work experience is correlated with future job stability and career success, some counselors strongly suggest that part-time jobs should become an integral part of the handicapped student's career development.

Assessment of Vocational Interest and Maturity

In assessing career interests and potential, psychometric instruments such as the *Kuder Occupational Interest Survey* and the *Strong Campbell Interest Inventory* may have limited validity for students with reading or language disabilities. For students with disabilities in computational or motor areas, these instruments may be employed just as they are with other students.

Among the vocational interest tests that have proven useful with learning disabled students are the following:

- *Reading-Free Vocational Interest Inventory (R-FVII).* (American Association on Mental Deficiency; 5201 Connecticut Avenue, NW; Washington, DC 20015)

This is a nonreading vocational preference test that employs illustrations or drawings related to certain careers in a forced-choice format. Some of the interest areas covered include automotive, building trades, clerical, light industrial, personal service, and horticulture. The inventory, which can be hand- or machine-scored, takes approximately forty-five minutes to complete.

- *Minnesota Vocational Interest Inventory (MVII)* (Psychological Corporation; 304 E. 45th Street; New York, NY 10017)
  The MVII is designed specifically to assess the interests of males fifteen and older in nonprofessional areas. The test consists of 158 forced-choice items and takes forty-five to ninety minutes to administer. Twenty-nine occupational scales, such as carpenter, printer, and farmer, are available. Additionally, nine general area scales, such as mechanical, health service, office work, and electronics, are included. The MVII is the most useful inventory for assessing nonprofessional interests of male adolescents.

In career guidance, measuring a student's values and career maturity is often as important as determining interests. The following two inventories have been used extensively with learning disabled students:

- *Career Maturity Inventory (CMI)* (California Test Bureau/McGraw-Hill; Del Monte Research Park; Monterey, CA 93940)
  This instrument evaluates the maturity of a student's attitudes and competencies in addition to determining the need for career counseling. The CMI consists of two major parts: the Attitude Scale, which is composed of fifty true-false questions, and the Competency Test, which uses a multiple-choice format. The Attitude Scale covers five areas: Involvement in the Choice Process, Orientation toward Work, Independence in Decision Making, Preference for Career-Choice Factors, and Conceptions of the Choice Process. The Competency Test includes five dimensions: Self-appraisal, Occupational Information, Goal Selection, Planning, and Problem Solving. A total of two hours is required for the entire test. Answer sheets can be either hand- or machine-scored.
- *Super's Work Values Inventory (WVI)* (Houghton-Mifflin, Inc.; 2 Park Street; Boston, MA 02107)
  This instrument is designed to assess the work values of both adolescents and adults concerning career choice and job satisfaction. The WVI consists of forty-five statements that measure value judgment; the reading level is low, and the test takes only twenty minutes. The results can be determined through hand-scoring. Fifteen values are measured, including altruism, creativity, intellectual stimulation, achievement, independence, prestige, economic returns, and security.

Assessment of Vocational Aptitude

In assessing vocational aptitude, situations that closely resemble actual working conditions are most beneficial. The work-sample approach gives the student a realistic task to accomplish with appropriate tools or materials. The following are among the advantages of work samples:

- They provide direct, hands-on experience.
- They encourage active consideration of job interests.
- They offer a realistic method of job exploration.
- They provide an alternative to traditional verbal activities.
- They provide opportunities for students to examine their own work habits, interpersonal relationships, and attitudes toward cooperation and competition.
- They allow the counselor to identify and encourage a student's strengths.
- They bring the "real world of work" into the school and motivate students to increase skills in other areas.
- They can serve to build self-confidence.

Examples of work sample packages that have been developed for both regular and special needs populations are the Singer Vocational Evaluation System (SINGER), the Wide Range Employment Sample Test (WREST), the Valpar Component Work Sample System (VALPAR), and Testing, Orientation, and Work Evaluation in Rehabilitation (TOWER).

The various vocational evaluation systems were designed to meet different needs, and each has its own strengths and limitations. Also, the programs are expensive. Counselors should examine each program carefully before determining which one would best meet the needs of students in a given school or district. Detailed information on each program is available from the publishers, whose addresses are listed here. The Materials Development Center of the University of Wisconsin-Stout provides a number of useful pamphlets that describe and compare the various systems.

Materials Development Center Information Service
Stout Vocational Rehabilitation Institute
University of Wisconsin-Stout
Menomonie, WI 54751

Singer Vocational Evaluation System
Singer Education Division
Career Systems
80 Commerce Drive
Rochester, NY 14623

Testing, Orientation, and Work Evaluation in Rehabilitation
LCD Rehabilitation and Research Center
400 First Avenue
New York, NY 10010

Valpar Component Work Sample System
Valpar Corporation
655 North Alvernon Way, Suite 108
Tucson, AZ 85716

Wide Range Employment Sample Test
Guidance Associates of Delaware, Inc.
1526 Gilpin Avenue
Wilmington, DE 19806

CHAPTER 6
RESOURCES

The resources in this chapter can serve counselors in a variety of ways. Professional associations and journals can provide the counselor with up-to-date information about techniques and services. Parents welcome books and other materials that help them learn more about their child's handicap and that provide support and practical suggestions. Students can develop understanding and acceptance from films and books that portray learning disabilities realistically.

Professional and Service Organizations

Association for Children with Learning Disabilities 5225 Grace Street Pittsburgh, PA 15236	Provides various support services and materials to people of all ages who are learning disabled; distributes information on teaching techniques at state and national conferences.
Closer Look: National Information Center for the Handicapped 1201 16th Street, NW Washington, DC 20036	Offers advice regarding special services for handicapped children and youth; provides miscellaneous materials for parents; offers bibliographies on handicapping conditions for professionals; provides consultation, inservice training, and institutes for educators.
Council for Exceptional Children 1920 Association Drive Reston, VA 22091	A professional organization with state and local chapters and divisions concerned with specific handicapping conditions (including the Division for Children with Learning Disabilities). Publishes a variety of educational materials; provides consultation, inservice training, and institutes for educators.

Journals

Academic Therapy Academic Therapy Publications, Inc. 20 Commercial Boulevard Navato, CA 94947	A quarterly interdisciplinary journal directed to teachers, parents, therapists, and specialists in all fields working with learning disabilities.
Journal of Learning Disabilities Professional Press, Inc. 101 E. Ontario Street Chicago, IL 60611	A monthly multidisciplinary journal focusing on all aspects of children with learning disabilities.

Learning Disabilities Quarterly
The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

A journal of the Division for Children with Learning Disabilities of the Council for Exceptional Children.

Materials for Students and Parents

Abt Associates
The College Guide for Students with Disabilities.
Cambridge, Mass.: Abt Publications, 1976.

A detailed directory of higher education services, programs, and facilities accessible to handicapped students in the United States.

Brutten, M.; Richardson, S. O.; and Manuel, G.
Something's Wrong with My Child.
New York: Harcourt Brace Jovanovich, 1973.

A book directed to the parents of a handicapped child. Contains practical suggestions, including organizations and resources that provide help.

DeGenaro, J. J.
"What Do You Say When a Parent Asks, 'How Can I Help my Child?' "
Journal of Learning Disabilities 6 (1973), 102-105

Describes practical techniques for strengthening a child's visual discrimination, increasing visual memory, improving fine-motor skills, encouraging interest in reading, building phonetic awareness, and developing visual imagery. The only materials required are old newspapers or magazines, scissors, paste, and felt-tip pens or crayons.

Fowlie, B.
"A Parent's Guide to Amphetamine Treatment of Hyperkinesis."
Journal of Learning Disabilities 6 (1973), 352-55.

Suggests specific ways in which the parents of a child requiring treatment with stimulant drugs can most effectively administer the prescribed medication. A parent's insights, gained from first-hand experience, attempt to support and reassure other parents involved with such a treatment program.

Gardner, R. A.
MBD: The Family Book about Minimal Brain Dysfunction.
New York: J. Aronson, 1973.

A readable book that helps to explain various problems, including learning disabilities. Suitable for children and their parents.

Golick, M. *A Parent's Guide to Learning Problems.* Quebec Association for Children with Learning Disabilities 4820 Van Horne Avenue Montreal, Quebec: 1970	A 24-page booklet that provides an overview, in lay terms, of various characteristics associated with learning disabilities and gives many practical suggestions for parents to help develop specific learning and motor skills.
Grabow. B. W. *Your Child Has a Learning Disability. . .What Is It?* Chicago: National Easter Seal Society for Crippled Children and Adults, 1978.	An inexpensive 23-page booklet that provides a great deal of practical information about learning disabilities. It is intended for parents and teachers.
Keat, D. B., and Guerney, L. *Helping Your Child* Washington: American Personnel and Guidance Association, 1980	A book directed to parents of all children. Focuses on family communication, discipline, and understanding children's problems and feelings. Contains many examples, case studies, and parent-child activities.
Lasker, J. *He's My Brother* Chicago: Whitman, 1974	An honestly portrayed and well-written chronicle (for children from five to eight) of the plentiful problems in the life of Jamie, who is learning disabled. His difficulties arise from rejection by his peers and his academic failures. His parents, however, value him for what he *can* do.
Rosner, J. *Helping Children Overcome Learning Difficulties.* New York: Walker, 1975.	A readable guide for parents and teachers, with practical suggestions that can be implemented at home and in school.
Smith, D. B. *Kelly's Creek* New York: Crowell, 1975.	A positive story for children from nine to twelve. Kelly, who is learning disabled, has had difficulty in his special class and is restricted by his parents from visiting his only friend, a college biology student who is studying a marsh. The student finally persuades Kelly's parents that the child's interest in and knowledge of the marsh represent achievements that should be shared.

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